



CITY OF HOUSTON
MAYOR'S OFFICE
of
BUSINESS OPPORTUNITY

Annual Update Form and Affidavit

Required for Minority/Women/Small/Persons with Disabilities Business Enterprises and Disadvantaged Business Enterprise

Please Note: If you fail to provide this form and affidavit with supporting documentation in a timely manner, you will be deemed to have failed to cooperate with the required annual update process to maintain certification eligibility.

1. Name of Firm: _____

2. Owners Full Name: _____ Owners Social Security Number: _____

3. Name all other owners: _____

4. Telephone Number: _____ Fax Number: _____

5. Business Address: _____

Street Number City State Zip Code

6. Mailing Address: _____

Street Number City State Zip Code

7. Has the legal structure, ownership, management, or control of your company changed since your last certification? YES ☐ NO ☐

If yes, please explain and provide documentation reflecting changes.

8. List the number of employees: Full Time _____ Part Time _____ Contract _____

9. Do any of the owners own or share in the management of another firm(s)? Please provide the name of the firm(s) and your ownership percentages.

Note: If you are updating your firm's DBE Certification, please provide a completed Personal Financial Statement for all disadvantaged owners.

10. Company Income Tax Identification Number: _____

11. E-mail Address: _____ Internet Web Page/URL Address: _____

12. Is there a license/certification required to operate your business? YES ☐ NO ☐

If yes, please include a copy.

13. Have you included your Income Tax Forms from the previous year? YES ☐ NO ☐

State Certification (HUB) Requirements

1. If you are interested in becoming a HUB, please check the appropriate response, thus authorizing the release of information by our office. YES ☐ NO ☐
2. Check the appropriate: U.S. Citizen (Born or Naturalized) _____ Resident Alien _____
3. Location of company headquarters (City and State) _____
4. Is the applicant a veteran? Yes _____ No _____ If yes, list the conflict served. _____

Affidavit

I hereby declare and affirm that I am the owner of _____ whose address is _____
(Name of Firm)

_____. I declare and affirm that there have been
(Street, City, State and Zip Code)
no changes in the circumstances of _____ affecting its ability to meet the size,

disadvantaged status, ownership, or control requirements of 49 CFR Part 26. There have been no material changes in the information provided with _____ application for certification, except
(Name of Affiant/Owner)

for any changes about which you have provided written notice to the City of Houston under 26.83 (I).

_____ meets Small Business Administration (SBA) criteria for being a small
(Name of Firm)

business concern and its average annual gross receipts (as defined by SBA rules) over the firm's previous three fiscal years do not exceed the size standard for my classification.

We require that you submit with this affidavit documentation of the firm's size and gross receipts in the form of the previous year's personal and business Income Tax Returns. Applicants applying for DBE Certification must complete the personal financial statement included with the affidavit.

I do solemnly declare and affirm under the penalty of perjury that the contents of the foregoing document are true and correct, and that I am the owner of the above company.

(Date) _____
(Affiant/Owner)
State of _____ County of _____ City of _____

On this _____ day of _____, 20____, before me, _____, the undersigned officer, personally appeared _____, known to me to be the person described in the foregoing Affidavit and stated on his/her oath that he/she is over 18 years of age, of sound mind, capable of making this Affidavit, and has personal knowledge to facts states in it and that he/she executed the same in the capacity therein states and for the purpose therein contained.

I witness thereof, I hereunto set my hand and official seal.

(Notary Public) (Seal)

My commission expires: _____

*****Please return this original form, retaining a copy for your records.*****

PERSONAL NET WORTH STATEMENT

Complete a form for: (1) each socially disadvantaged proprietor, or (2) each socially disadvantaged limited and general partner whose combined interest total 51% or more, or (3) each socially disadvantaged stockholder owning 51% or more of voting stock. An individual's personal net worth includes only his or her share of the assets held jointly or as community property with the individual's spouse.

Name:	Date:
Residence Address:	Residence Phone:
City, State & Zip Code:	
Business Name:	Residence Phone:

PERSONAL FINANCIAL STATEMENT

As of ____/____/____. In determining net worth, EXCLUDE individual ownership interest in the applicant business and personal residence. If married use only 1/2 of marital assets. Round all numbers to the nearest dollar.

ASSETS		LIABILITIES	
Cash on hand and in bank	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others	\$
		(Complete Section 1)	
IRA or Other Retirement Account	\$	Installment Account (Auto)	\$
Accounts and Notes Receivable	\$	Installment Account (Other)	\$
Life Insurance - Cash Surrender Value Only	\$	Loan on Life Insurance	\$
(Complete Section 7)			
Stocks and Bonds	\$	Mortgages on Real Estate [Except for personal residence]	\$
(Complete Section 2)		(Complete Section 3)	
Real Estate [Except for personal residence]	\$	Unpaid Taxes	\$
(Complete Section 3)		(Complete Section 5)	
Automobile(s) - Present Value	\$	Other Liabilities	\$
		(Complete Section 6)	
Other Personal Property	\$		
(Complete Section 4)		Total Liabilities	\$
Other Assets	\$		
(Complete Section 4)		Net Worth	\$
Total Assets	\$	(Total Assets minus Total Liabilities)	
Other Source of Income:		Other Contingent Liabilities:	
Salary/Commissions \$		As Endorser or Co-worker \$	
Net Investment Income \$		Legal Claims and/or Judgments \$	

Section 1. Notes payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Note Holders	Original Balance	Current Balance	Payment Amount	Frequency (weekly, monthly, etc.)	How Secured or Endorsed; Type of Collateral

Section 2. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) NOTE: Must be within five (5) days of statement date.

Number of Shares	Original Balance	Cost	Market Value Quotation or Exchange	Date of Quotation or Exchange	Total Value

Section 3. Real Estate Owned. (Do not include your personal residence. List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 4. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe.)

Section 5. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 6. Other Liabilities (Describe in detail).

Section 7. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)

Section 8. Transfer of Assets.

Have you, the individual claiming disadvantaged status, transferred any assets within two (2) years, in full or in part, to a spouse or any other person or entity, including a trust? ☐ Yes ☐ No

If yes, provide the following information as an attachment: the date of transfer, to whom the assets were transferred, amount paid for the assets, the market value of the assets at the time of transfer.

NOTE: Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions and may also exclude any transfers to an immediate family member for educational, medical, or essential support purposes.

Please provide copies of complete personal income tax returns, including all schedules, W-2s, and 1099 forms. 49 CFR Part 26 and federal law classify all information submitted with this form as confidential. This form or its information cannot be released to any person, governmental or commercial entity without the written permission of the person submitting the information.

PERSONAL NET WORTH AFFIDAVIT

The undersigned swear/affirm that the foregoing information and statements are true and correct, including all material and information necessary to identify and explain the financial net worth of

(Name of Individual)

Further, the undersigned agrees to permit the TUCP and/or U.S. Department of Transportation (DOT) as part of this certification process to interview owners, principals, officers, and employees; and to audit or examine books, records, and files of the above named individual.

If at any time the TUCP or DOT has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, your file may be referred to the General Counsel of DOT. The General Counsel may initiate debarment procedures in accordance with 41 CFR 1-1.604 and 12-1.062 and/or refer the matter to the Department of Justice under U.S.C. 1001, as the General Counsel deems appropriate.

NOTE: Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as a small disadvantaged business concern; or makes false statements in order to influence the certification process in any way; or to obtain a government contract, shall be subject to fines of up to \$500,000 and imprisonment of up to 10 years, or both.

The burden of proving the financial net worth is the individual's. The Agency reserves the right to request any additional information deemed necessary to determine if an individual is economically disadvantaged. Failure to provide requested information within the time specified is grounds for termination of the process.

Name

Signature

Title

Date

Date _____ State of _____ County of _____

On this day before me appeared (name) _____ with proper identification, who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized to execute this affidavit and did so as his or her free act/deed.

(Seal)

Notary Public

Commission Expiration